

## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

APPLICATION NO.   FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO.   CONFIRMATION NO.   10/716,112   11/18/2003   Paul Lin   7257/71547   6118      APPLICATION NO.   FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO.   CONFIRMATION NO.   10/716,112   11/18/2003   Paul Lin   7257/71547   6118      APPLN. TYPE   SMALL ENTITY   ISSUE FEE   PUBLICATION FEE   TOTAL FEE(S) DUE   DATE DUE   nonprovisional   YES   XXXX   \$685   \$300   XXXX   \$985   12/20/2004      EXAMINER   ART UNIT   CLASS-SUBCLASS   PAYER, HWEI SIU CHOU   3724   030-161000	maintenance fee notifica	itions.		) specifying		ress; and/or (b) indicating a sep-			
DIFC:2501  685.00 OP 300.00 OP  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.  10716.112 11/18/2003 Paul Lin 7257/71547 6118  TITLE OF INVENTION: SAFETY CLASP KNIFE  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES XXXXX \$685 \$300 XXXXX \$985 12/20/2004  EXAMINER ART UNIT CLASS-SUBCLASS  PAYER, HWEI SIU CHOU 3724 030-161000  1. Change of correspondence address or indication of "Fee Address" (17 CFR 1.563).  CFR 1.563).  1. Change of correspondence address or indication of "Fee Address" (17 CFR 1.564).  1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  1. Change of correspondence address (or Change of Coursepondence Address from PTO/SB/122) attached.  1. Change of correspondence address (or Change of Coursepondence Address from PTO/SB/122) attached.  1. Change of correspondence address (or Change of Coursepondence Address from PTO/SB/122) attached.  1. Change of correspondence address (or Change of Coursepondence Address from PTO/SB/122) attached.  2. For printing on the patent fron types, list  (1) the names of up to 3 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 3 registered patent attorneys or agent fron name is 1 strated attorneys or agent) and the names of up to 3 registered patent attorneys or agent fron name is 1 strated attorneys or agent) and the names of up to 3 registered patent attorneys or agent fron name is 1 strated attorneys or agent) and the names of up to 3 registered patent attorneys or agent fron name is 1 strated att	Cooper & Dun 1185 Avenue of New York, NY	7590 09/20/2004 ham LLP the Americas 10036	101	, °C	ut.	Certificate of Mailing or Tran-	emission		
APPLICATION NO.   FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO.   CONFIRMATION NO   107/16,112   11/18/2003   Paul Lin   7257/71547   6118    TITLE OF INVENTION: SAFETY CLASP KNIFE   PUBLICATION FEE   TOTAL FEE(S) DUE   DATE DUE   nonprovisional   YES   XXXX   \$685   \$300   XXXXX   \$985   12/20/2004    EXAMINER   ART UNIT   CLASS-SUBCLASS   PAYER, HWEI SIU CHOU   3724   030-161000    1. Change of correspondence address or indication of "Fee Address" (37   CFR 1.1563).   Change of correspondence address or indication of "Fee Address" (37   CFR 1.1563).   Change of correspondence address or indication form PTO/SB/122) attached.   "Fee Address" indication form PTO/SB/122) attached.   "Fee Address" indication form PTO/SB/122 or more recent) attached. Use of a Customer   Number is required.   William E. Pelton.   2			A TRADEMAR						
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10716,112 11/18/2003 Paul Lin 7257/71547 6118  TITLE OF INVENTION: SAFETY CLASP KNIFE  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES XXXXX \$685 \$300 XXXXX \$985 12/20/2004  EXAMINER ART UNIT CLASS-SUBCLASS  PAYER, HWEI SIU CHOU 3724 030-161000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  ACRIGARY ROY 20.20 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governr 4a. The following fee(s) are enclosed:  4b. Payment of Fee(s): CITY and STATE OR COUNTRY)	10000				telle	Illau (Signature)			
Title OF INVENTION: SAFETY CLASP KNIFE					November	2, 2004	(Date)		
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES XXXX \$685 \$300 XXXX \$985 12/20/2004  EXAMINER ART UNIT CLASS-SUBCLASS  PAYER, HWEI SIU CHOU 3724 030-161000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVEN		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
APPLN.TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  nonprovisional YES XXXX \$685 \$300 XXXX \$985 12/20/2004  EXAMINER ART UNIT CLASS-SUBCLASS  PAYER, HWEI SIU CHOU 3724 030-161000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).    Change of correspondence address or indication for "Fee Address" (10 the name of up to 3 registered patent attorneys or agents OR, alternatively, or agents OR, alternatively, or agents OR, alternatively.  (2) the name of algie firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed on the patent. If an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of the fee(s):  Ab. Payment of Fee(s):  Ab. Payment of the fee(s) is carclosed.  Publication Fee (No small entity discount permitted)	10/716,112	10/716,112 11/13/2003			Paul Lin		6118		
PAYER, HWEI SIU CHOU  3724  3724  3724  3726  1. Change of correspondence address or indication of "Fee Address" (37  CFR 1.363).  CFR 1.363).  1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  3. A check in the amount of the fec(s) is cnclosed.  3. A check in the amount of the fec(s) is cnclosed.  3. A check in the amount of the fec(s) is cnclosed.		<del>- 1</del>							
PAYER, HWEI SIU CHOU  3724  030-161000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address indication for "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.	nonprovisional	nonprovisional YES		\$685	\$300	XXXX \$985	12/20/2004		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Fee Address indication (or "Fee Address" Indication form PTO/SB/122 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  A check in the amount of the fec(s) is cnclosed.  Payment by credit card. Form PTO-2038 is attached.	EXAMINER .		ART UNIT		CLASS-SUBCLASS				
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  Ab. Payment of Fee(s):  A check in the amount of the fee(s) is cnclosed.  Payment by credit card. Form PTO-2038 is attached.	PAYER, HWEI SIU CHOU		3724		030-161000	_			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s):  At the following fee(s) are enclosed:    Value   Valu	CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a					
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s):  At The following fee(s) are enclosed:  Solvent of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.	3. ASSIGNEE NAME A	ND RESIDENCE DATA TO E	E PRINTED ON T	HE PATEN	Γ (print or type)				
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s):  Ab. Payment of Fee(s):  Issue Fee  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.	PLEASE NOTE: Un recordation as set fort	less an assignee is identified beth in 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app F a substitute	ear on the patent. If an as for filing an assignment.	ssignee is identified below, the o	document has been filed for		
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.									
☐ Issue Fee ☐ A check in the amount of the fec(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					······································	Corporation or other private gr	oup entity Governmen		
	Publication Fee (N	ed)							
Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 03-3125 (enclose an extra copy of this form).		•	•	The Direction Deposit Acc	ector is hereby authorized count Number 03-312	by charge the required fee(s), or 5 (enclose an extra c	credit any overpayment, to		

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Typed or printed name William E. Pelton

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

November 2, 2004

25,702 Registration No.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Authorized Signature

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.